

CIRCLE OF GIVING SOCIETY PLEDGE FORM

Yes! I want to show my support for world-class care, here in the Texas Hill Country. Today. Tomorrow. Always.

1. DONOR INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

2. GIFT LEVEL

AMETHYST (\$500-\$2,499): \$ _____

EMERALD (\$2,500-\$9,999): \$ _____

SAPPHIRE (\$10,000-\$24,999): \$ _____

RUBY (\$25,000-\$49,999): \$ _____

DIAMOND (\$50,000 and above): \$ _____

I (We) grant permission to publish my name in recognition as follows:

I (We) wish for our gift to remain anonymous.

3. METHOD OF PAYMENT

Check enclosed (payable to Peterson Health Foundation)

Credit Card (Visa / Mastercard / Discover / AmEx)

Card Number _____

Expiration Date _____ Security Code _____

Donate securely online by scanning the QR code to the right

OR

PLEDGE

I will fulfill my 2024 commitment on the following schedule:

Monthly Quarterly Semi-Annually Annually, on or before ___ / ___ / _____

Please return completed form to:
Peterson Health Foundation
551 Hill Country Drive
Kerrville, TX 78028

OR, scan and email your form to: Foundation@PetersonHealth.com

We gratefully welcome contributions from donor-advised funds, IRA required minimum distributions, gifts of real estate/property, planned giving, and other gift models.

Check here if you wish to be contacted regarding these opportunities.